

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045052  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 305-8 Registrar's No. 1740

FILED DEC 9 1963

## 1. PLACE OF DEATH

a. COUNTY St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Charles

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY St. Charles

c. CITY  
OR  
TOWN St. Charles

Inside Limits  
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Joseph's Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS 84 Skyline Dr.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

(Type or print)

JULIA

C.

BOLLMANN

## 4. DATE OF DEATH

Month

Day

Year

December 1 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married

Widowed ☒

## 8. DATE OF BIRTH

5-28-1894

## 9. AGE (last birthday)

69

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

## 11. BIRTHPLACE (City and state or country)

own St. Charles Co., Mo. U.S.A.

## 13a. FATHER'S NAME

Henry Grote

## 13b. MOTHER'S MAIDEN NAME

Sophie Witte

## 14. NAME OF HUSBAND OR WIFE

Julius H. Bollmann

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 17. INFORMANT

Armin H. Bollmann 84 Skyline Dr., St. Charles, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Pneumonia

### INTERVAL BETWEEN ONSET AND DEATH

few days

#### DUE TO (b)

Cydy aged lung

#### DUE TO (c)

Emphysema

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cydy lung - ad

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## 20b. SUICIDE

## 20c. HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

12/20/60

to 12/1/63

and last saw him alive on 12/1/63

## Death occurred at

12/1/63

8:00

a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

[Signature]

## (Degree or title)

## 22b. ADDRESS

140 N. Highway - St. Charles, Mo.

## 22c. DATE SIGNED

12/3/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

12-4-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Friedens Cemetery

## 23d. LOCATION (City, town, or county)

St. Charles County, Mo.

## 24. FUNERAL DIRECTOR

Arthur C. Baue 620 Jefferson St., St. Charles, Mo.

## 25. DATE RECD. BY LOCAL REG.

Dec 3 - 1963

## 26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

Mabel Zernwald Dep

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

10928

20928

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95271

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12 1-0

13 5-0

DEC 12 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Conni A. Pickering*

Licensed Embalmer No.

*5189*

P. O. Address

*St. Charles, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.